UNIVERSITÉ Concordia UNIVERSITY

ACADEMIC RE-EVALUATION REQUEST

Office of the Registrar ■ 1

(PLEASE PRINT)

Family Name _____

First Name _____

Home Telephone _____ AREA CODE

Business Telephone _____ AREA CODE

E-mail _____

FAX _____

Concordia I.D. Number _____

Date of Birth _____ DAY MONTH YEAR

Degree (e.g. BA) _____

Programme (e.g. History) _____

NOTE: Please inform the Office of the Registrar if you change your address.

INSTRUCTIONS: Completed application is to be brought to the Birks Student Service Centre (SGW – LB 185). The fee is $40 payable by money order or debit card (Interac).

COURSE NAME	NUMBER	SESSION	SECTION	INSTRUCTOR

Be sure to indicate what it is (examination, term paper, etc.) you wish re-evaluated and what informal attempts toward re-evaluation have been made. Give SPECIFIC reasons why you are seeking re-evaluation. **Before completing this section, it is recommended that you read the section(s) in the undergraduate or graduate calendar entitled "Academic Re-evaluation Procedures".**

Student's Signature _____ **Date** _____

OFFICE USE ONLY	PAYMENT METHOD	DATE:	AMOUNT:	INITIALS:
	❒ D/C ❒ MO			